

Signature of Chairman

STATE OF ARIZONA

POLITICAL COMMITTEE TERMINATION STATEMENT

CITY OF TUCSON RECEIVED

A.R.S. § 16-914; A.R.S. § 16-915.01

7.11.10.3 70 01.1,7.11.10.3 10 0.10.1	1
1. Don't Handcoff Tucson/No on 1200 -8 Full Name of Committee P. G. Box 962 Address Lucson Az 9570 z Pima CITY CLE City Zip Code County Phone #	P 4:59 THE PK
2. Wa sponsoring Organization or Candidate and email address Fax #	3. ID#
Office	1098 154 - 61
SELECT THE BOXES THAT APPLY:	
A. This is to certify that all contributions received and all expenditures made on behaelf of the political committee indicated above have been reported as required by A.R.S. § 16-913. We further certify that the political committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. § 16-915.01. Please mark the appropriate statement below to indicate which campaign finance report states the disposition of any surplus monies. The disposition of surplus monies was submitted on the campaign finance report filed on The disposition of surplus monies is reported on the attached campaign finance report. B. • This committee hereby terminates all activity within the jurisdiction of and asserts that the committee intends to remain active in other jurisdictions and that the committee's remaining monies shall be used for activity in other jurisdictions.	
C. • This committee has transferred the committee's debts and obligations to a subsequent committee.	
Please enter the full name and ID# of the committee into whi9ch debts and obligations have been transferred.	
Name of Committee	ID#
Te, Glove, Willer & Diane Diamond, certify under (Name of Chatrylan and Treasurer - Printed) enalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.	